PROGRAM *of* STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER *of* **SOCIAL WORK**   F842/Q553

MAJOR: Advanced Standing (dual degree with Master of Public Health)

NAME: _____   **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*

* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, leave this column blank. For transfer credit (**including OU Health Sciences Center courses**), enter the institution name in this column. **For courses also applied to the Master of Public Health degree, enter <u>Shared</u> in this column.**

REQUIRED COURSEWORK

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
S WK 5013	Advanced Standing Seminar	3			
S WK 5553	Human Services Administration	3			
HPS 5463	Community Assessment, Organization and Interventions	3			Shared/OUHSC
S WK 5633	Resource Development	3			
S WK 5983	Program Monitoring and Evaluation	3			Shared

The following must be in a Public Health setting:

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
S WK 5836	Practicum III - Administration & Community Practice	6			
S WK 5846	Practicum IV - Administration & Community Practice	6			Shared

Electives: 6 hours of S WK electives and/or HPS electives (3 to be shared with Master of Public Health degree).

TOTAL HOURS: [____]   33 hours required

I intend to graduate in the _____ _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

_____
Student Signature   Date

I have reviewed the above-named student's proposed program of study and I recommend approval.

_____   _____
Printed Name of Graduate Liaison   Graduate Liaison Signature   Date

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2015. Semester Admitted/Re-admitted: _____**

Date Checked: _____/_____/_____ | Timeline Begins: _____ | Hours Required: _____ | **OK** _____ **Problem** _____